

# Health Department, City of Baltimore.

Permit No.

98652

Office of Registrar of Vital Statistics.

Ward

19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 18/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Rutter

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

50

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto Co Md

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

{ Give Street and Number. }

374 old # N Street

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Cancer

Duration of Last Sickness,

3 months

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cemetery

Date of Burial,

March 18/87

{ Undertaker,

Henry & McCallister

M. D.

{ Place of Business,

530 W Fayette

Address,

1501 Pressman

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98653 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased. sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Mar. 15/88  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Pratt  
Sex, Male or Female, {Cross out the word not required in this line.} Male  
Age, Years, Months, 23 Days.  
Color, W  
Married, Single, Widow or Widower, {Cross out the words not required in this line.} V  
Occupation, B.C.  
Birth Place, {State or country, and how long in the United States, if of foreign birth.}  
Duration of Residence in the City of Baltimore,  
Place of Death, {Give Street and Number.} 2022 Fountain  
Cause of Death, {First (Primary), Suppurative meningitis - since birth  
Second (Immediate), As pneumonia  
Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet  
Date of Burial, Mch 17/88  
{ Undertaker, Dr. H. C. Pratt, Medical Attendant, J. L. Winston M. D.  
{ Place of Business, 2022 Fountain Address, 47 E. Bay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. *986574*

Office of Registrar of Vital Statistics

Ward *12*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*B*

Date of Death, *March 16, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *St. James E. Parker*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *One* Years, *Months* Days.

Color, *Colored*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *543 W. Hoffman St.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give Street and Number. } *543 W. Hoffman St.*

Cause of Death, { First (Primary), Second (Immediate), } *Pertussis*  
*Collapse of the Lungs*

Duration of Last Sickness, *Ten days*

All the above information should be furnished by the Physician.

Place of Burial, *Law Cemetery*

Date of Burial, *March 17, 1887*

Undertaker, *Oliver Hummel*

Place of Business, *511 Orchard St.*

*W. H. Thompson,* M. D.  
Medical Attendant.

Address, *563 W. Hoffman St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98653 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hughes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 66 years

Place of Death, { Give Street and Number. } 208 S Broadway

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, \_\_\_\_\_  
All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 18<sup>th</sup> 1887

{ Undertaker, Henry Mitchell } S. P. Britton M. D. Medical Attendant.

{ Place of Business, 208 S Broadway } Address, 124 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



Health Department, City of Baltimore.

Permit No. 98656

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16<sup>th</sup> 1887

Full Name of Deceased, 

Write legibly and spell correctly. If an Infant not named, give names of parents.

 Mary Alverda Woolford

Sex, ~~Male~~ or Female, 

Cross out the word not required in this line.

Age, Years, 1 Months, 21 Days.

Color, Colored

Married, Single, Widow or Widower, 

Cross out the words not required in this line.

Occupation,

Birth Place, 

State or country, and how long in the United States, if of foreign birth.

 Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, 

Give Street and Number.

 Chesnut Alley # 638

Cause of Death, 

First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Mch 17<sup>th</sup>

Undertaker, Wm J Gray

Place of Business, 65 Mulberry Address,

L. S. Spanow M. D.

Medical Attendant, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

98657

Office of Registrar of Vital Statistics.

Ward

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9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 15<sup>th</sup> March 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Jackson.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Seventy four (74) Years, Months, Days

Color, Coloured.

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Coachman and Hoster.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland. U.S.

Duration of Residence in the City of Baltimore, More than 15 years.

Place of Death, { Give Street and Number. } Wm. Grand Aly. & Franklin St.

Cause of Death, { First (Primary), He had both Cardiac and Pulmonary diseases. Second (Immediate), Dyspnoea. diagnosed from his wife's statement. }

Duration of Last Sickness, He has been sick to my knowledge more than 6 wks.

Place of Burial, Laurel Cem

Date of Burial, Mch 17<sup>th</sup> 1887

{ Undertaker, Wm J Gray } { M. D. } Dr. C. Van Bibber

{ Place of Business, 65 Mulberry St } { Address, 26 W. Franklin St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98658

Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar 17 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Henry Ed Deacon

Sex, Male or Female, {Cross out the word not required in this line.}

Male

Age, 18 Years,

Months,

Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

B. C.

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.}

1805 Fough

Cause of Death, {First (Primary), Second (Immediate),}

Dysphasia  
Asthma

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 19 March 1887

Undertaker, John C. Fisher

J. L. Griston M. D.

Medical Attendant.

Place of Business, 265 West Avenue

Address,

W. C. B. B. B.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



In of Health, City of Baltimore.  
 Permit No. 98659 Office of Registrar of Vital Statistics. Ward 20 <sup>4</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, Mar. 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pauline Belz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, 9 Months,    Days,

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 1507 Penna. Ave.

Cause of Death, { First (Primary), Congestion of lungs }  
 { Second (Immediate), " " " }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 17 1887

{ Undertaker A. K. Rosenberg } J. H. Christian M. D.  
 { Place of Business, 61 Park Ave Address, 1821 Madison Ave } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98660

Office of Registrar of Vital Statistics

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 16, 1887

Full Name of Deceased, Mary O. Howard

Sex, Male or Female, Female

Age, Years, Months, 15 Days

Color, Black

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore Ind

Duration of Residence in the City of Baltimore, all life

Place of Death, 535 Vincent Alley

Cause of Death, First (Primary), Hydrocephalous  
Second (Immediate), Spasm

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, March 17 1887

Undertaker, William Dunge

Place of Business, 150 East St Address, 220 N Gilman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No. 98661

Office of Registrar of Vital Statistics

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, Months, Days

Color, black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 440 Sanatoga St

Cause of Death, { First (Primary), Catarrhal Pneumonia  
Second (Immediate), Heart Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shorps Cemetery

Date of Burial, March 17 1887

{ Undertaker, William H. Surge } J. M. Hensley M. D.  
Medical Attendant.

{ Place of Business, 150 East St } Address, 1002 E. Howard Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]